



McHenry County Department of Health
Division of Environmental Health

PLAN REVIEW APPLICATION

**McHenry County Department of Health***Division of Environmental Health*

2200 N. Seminary Ave.

Woodstock, IL 60098

815-334-4585, fax 815-334-4637

www.mcdh.info

Date
Received:Check #
/CashAmount
ReceivedDate
Approved:**FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION**

Your plan review must receive approval from this Department before you begin construction, enlarging, altering or converting any of your building for the use as a restaurant, tavern or food service facility.

Include in your plans:

1. Plan review form thoroughly filled out and submitted with the appropriate plan review fee.
2. Food service equipment specifications with manufactures' name and model numbers. Include equipment specification sheets.
3. Floor plan drawn to scale showing equipment, plumbing and ventilation (we do not require a schematic drawing of the ventilation system).
4. Copy of your proposed menu.

Inspections:

- Pre-opening Inspection - Once your plan review is approved and construction is completed, you can contact the Department for a pre-opening inspection. This is an optional inspection. At that time, we will inspect your facility before stocking, and training.
- Opening inspection – A final inspection will be done when all construction is complete and the facility is in a ready to open. All fees including the health license fee is due at this time.

Plan Review Fees:

SQUARE FEET	RISK CATEGORY		
	ONE	TWO	THREE
Less than 1500	\$260.00	\$190.00	\$135.00
1500 – 3000	\$315.00	\$260.00	\$190.00
Greater than 3000	\$415.00	\$345.00	\$295.00

Category One Facility is a food establishment that presents a high relative risk of causing foodborne illness based on the large number of food handling operations typically implicated in foodborne outbreaks and/or the type of population served by the facility. The following criteria shall be used to classify facilities as Category I facilities:

1. Whenever cooling of potentially hazardous foods occurs as part of the food handling operations at the facility;
2. When potentially hazardous foods are prepared hot or cold and held hot or cold for more than 12 hours before serving;
3. If potentially hazardous foods which have been previously cooked and cooled must be reheated;
4. When potentially hazardous foods are prepared for off-premises service for which time- temperature requirements during transportation, holding and service are relevant;
5. Whenever complex preparation of foods, or extensive handling of raw ingredients with hand contact for ready-to-eat foods, occurs as part of the food handling operations at the facility;
6. If vacuum packing and/or other forms of reduced oxygen packaging are performed at the retail level;
7. Whenever serving immunocompromised individuals, where these individuals comprise the majority of the consuming population.

Category Two Facility is a food establishment that presents a medium relative risk of causing foodborne illness based upon few food handling operations typically implicated in foodborne illness outbreaks. The following criteria shall be used to classify Category II facilities:

1. If hot or cold foods are not maintained at that temperature for more than 12 hours and are restricted to same day service;
2. If preparing foods for service from raw ingredients uses only minimal assembly;
3. Foods served at an establishment that require complex preparation (whether canned, frozen, or fresh prepared) are obtained from approved food processing plants or Category I (high risk) food establishments.

Category Three Facility is a food establishment that presents a low relative risk of causing illness based upon few or no food handling operations typically implicated in foodborne illness outbreaks. The following criteria shall be used to classify Category III facilities:

1. Only pre-packaged foods are available or served in the facility, and any potentially hazardous foods available are commercially pre-packaged in an approved food processing plant;
2. Only limited preparation of non-potentially hazardous foods and beverages, such as snack foods and carbonated beverages, occurs at the facility; or
3. Only beverages (alcoholic or non-alcoholic) are served at the facility.

PLEASE NOTE that if construction begins without prior written approval from this Department, the Plan Review fee is doubled.

Signature of Owner or Authorized Agent_____
Date

ESTABLISHMENT INFORMATION

ESTALISHMENT NAME		
ESTABLISHMENT ADDRESS		
CITY, STATE & ZIP		
TELEPHONE		EMAIL:

OWNERS NAME		
OWNERS ADDRESS		
CITY, STATE & ZIP		
TELEPHONE		EMAIL:

BUILDING OWNER		
ADDRESS		
CITY, STATE & ZIP		
TELEPHONE		

CONTRACTOR		
ADDRESS		
CITY, STATE & ZIP		
TELEPHONE		EMAIL:

ESTABLISHMENT TYPE: Please check appropriate boxes.	
<input type="checkbox"/>	Food Service
<input type="checkbox"/>	Retail
<input type="checkbox"/>	Institution (school, daycare, nursing home, hospital)
<input type="checkbox"/>	Mobile Vendor, <i>License plate number</i> _____

Seating Capacity:	
Number of Checkouts:	

COMPLETE LIST OF ALL EQUIPMENT

Attach equipment specification sheets.
NSF, National Sanitation Foundation, www.nsf.com

[illegible]

ROOM AND FINISHES

Indicate finish type, paint type and color.

		FLOOR	COVING	WALLS	CEILING	COMMENTS
1.	FOOD PREPARATION					
2.	UTENSIL WASHING					
3.	FOOD STORAGE					
4.	WALK-IN REF. / FREEZER					
5.	BAR					
6.	SALAD BAR					
7.	RESTROOMS					
8.	WAITRESS AREAS					
9.	JANITORIAL STATION					
10.	DRESSING ROOM & LOCKER ROOM					
11.	OTHER					

STORAGE

- Overhead wastewater lines guttered? Yes_____ No_____.
- Storage shelves at least 6 inches above floor or enclosed? Yes_____ No_____.
- Storage shelves material _____.
- Separate storage facilities for cleaning toxic materials provided? Yes_____ No_____, location_____.

EMPLOYEE AREA

- Type of storage area for employee's personal belongings_____.
- Employee washroom provided? Yes_____ No_____, location_____.

HANDWASHING FACILITIES

- Are there convenient handwashing facilities located in the food preparation area? Yes_____ No_____, locations_____.
- Do handwashing sinks have a mixing valve or combination faucet? Yes_____ No_____.
- Are handwashing materials (soap, paper towel and waste receptacle) available? Yes_____ No_____, location_____.

PLUMBING

1. Water Supply, Private _____ Municipal _____
2. Sewage Disposal, Private _____ Municipal _____
3. If the water supply and sewage disposal systems are private, are they adequate and meet the County codes? Yes _____
No _____
4. Grease Interceptors? Type and location _____
5. Utility sink? Type and location _____

Potable Water Backflow Protection Provided		
Not Applicable	Type	Device
()		Toilets
()		Urinals
()		Dishwashers
()		Garbage grinders
()		Threaded water outlets
()		Water cooled compressors
()		Janitorial spray
()		Other

Indirect Waste Connections Provided		
Not Applicable	Yes	Device
()	()	Refrigerator drains
()	()	Refrigerator condensate
()	()	Steam table
()	()	Ice maker/bins
()	()	Utensil & glass washing sink
()	()	Food preparation sink
()	()	Dipper wells
()	()	Garbage grinder
()	()	Other

RESTROOM FACILITIES

1. How many restrooms are provided? _____, Number of water closets? _____, Number of urinals? _____
2. Are all restroom doors self closing? _____
3. Are all restroom mechanically ventilated to outside air? _____
4. Type of hand drying provided? _____
5. Soap provided? _____
6. Is tempered water provided? _____

SANITIZING EQUIPMENT AND FACILITIES

Temperature of primary hot water supply? _____ °F

Manual Dishwashing

1. Three compartment sink provided? Yes _____ No _____
2. Two integral drainboards provided? Yes _____ No _____
3. Separate location for clean and soiled dishes and utensils provided? Yes _____ No _____

Mechanical Dish and/or Glass Washing

1. Dish machine manufacturer and model number _____
2. Separate location for clean and soiled dishes and utensils provided? Yes _____ No _____
3. Mechanical ventilation provided at dish machine? _____, _____ CFM's

Chemical Sanitizing Machine? Yes _____ No _____

Hot Water Sanitizing Machine? Yes _____ No _____

- Booster Heater manufacturer and model number _____
- Booster Heater recovery rate _____ GPH @ _____ °F rise
- Located _____ feet from dish washer
- Supply pipe insulated? Yes _____ No _____

GARBAGE AND REFUSE DISPOSAL**Type of disposal**

☐ Dumpster
☐ Compactor
☐ Incinerator
☐ Covered Grease Barrels
☐ Other _____

Disposal unit is located on _____ concrete, _____ gravel..

LIGHTING

Not Applicable	Yes	
()	()	Adequate light provided in kitchen and ware washing areas (minimum of 20 foot candles.)
()	()	Adequate light provided at bar and fountain glass washing sink (minimum of 20 foot candles.)
()	()	Adequate light provided in storage rooms, restrooms and dressing rooms (minimum of 20 foot candles.)
()	()	Protective shielding provided for lighting fixtures over all preparation, display, food storage, ware washing areas, refrigeration units and grease extractor hoods (minimum of 10 foot candles.)

MISCELLANEOUS

Not Applicable	Yes	
()	()	All exterior doors tight fitting with self closing devices
()	()	Ventilating units screened
()	()	Thermometers located in all refrigeration units
()	()	Proper dispensers for single service items
()	()	Sneeze guard protection for proper food display
()	()	All exposed plumbing, electrical, gas and refrigeration lines 6" off the floor and ½ " away from wall
()	()	All openable windows screened with 16 mesh / inch screening
()	()	Carry – out window protected
()	()	Laundry operations separate from food service
()	()	Cold plates integral with ice bins

REMARKS , add any additional information you feel is pertinent to this application.
